

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-876)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
<b>CLAIMS</b>													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8	/		/				58						
9							59						
10							60						
11							61						
12							62						
13							63						
14							64						
15							65						
16	/		/				66						
17	/		/				67						
18			/				68						
19	/		/				69						
20	/		/				70						
21	/		/				71						
22	/		/				72						
23							73						
24	/		/				74						
25	/		/				75						
26							76						
27							77						
28							78						
29	/		/				79						
30	/		/				80						
31							81						
32	/		/				82						
33	/		/				83						
34	/		/				84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						